

Michigan Gaming Control Board

1500 Abbott Road, Suite 400, East Lansing, MI 48823



SUPPLIER QUALIFIER STATEMENT OF CONTINUED ELIGIBILITY

*For Use Only by an Individual or Affiliated Company of
A Gaming or Nongaming-Related Supplier Licensee*

(Individual or Affiliated Company's Name)

(Date)

QUALIFIER STATEMENT OF CONTINUED ELIGIBILITY

PLEASE READ: Each Qualifying Individual, Affiliated Company, or Entity that is currently a qualifier of the supplier licensee, and has previously submitted a personal or business disclosure form as part of the supplier licensee's application for a supplier license or renewal, must complete this form. *If you have questions on who should submit this form, please contact*

Melissa Peters, Licensing Division, at 517-241-1089.

If you are an Institutional Investor, do not complete this form.

If using pen, use BLACK ink ONLY and print clearly.

A. Name of **Supplier Licensee**: _____

B. Complete only **one** of the following tables:

If this statement is being submitted for an Affiliated Company holding 1% or greater direct or indirect interest in the supplier licensee, OR an Entity holding 5% or greater in a publicly traded Affiliated Company of the supplier licensee (with a business disclosure already on file with the Board), enter the following information:

Table 1 (Affiliated Company or Entity)

Affiliated Company OR Entity Name (as it appears on its certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document): _____			
D/B/A (if applicable): _____			
FEIN No.: _____			
Business Address:		City	State
			ZIP
Business Telephone No. ()		Country	Province (if applicable)

☐ Check here if address has changed since last submitted application

****Please remember you MUST notify the Board immediately in writing of material changes.

OR

If this statement is being submitted for an Individual Qualifier (with a personal disclosure already on file with the Board), enter the following information:

Table 2 (Individual)

Last Name Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		First Name		Middle Name
Date of birth		Present Residential Address (Street)		
City	State	Zip Code	Country	Province (if applicable)
Residential Telephone ()	Social Security No.		Driver license No.	State issued

☐ Check here if address has changed since last submitted application

****Please remember you MUST notify the Board immediately in writing of material changes.

C. Please update the following contact information:

List primary contact person and registered agent authorized to accept notices, subpoenas, summons, and other legal documents from the Board on behalf of the qualifier:	
Name Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Business Phone Number ()
Business Address	Business Fax Number ()

D. This table must be completed. Tax returns submitted are not considered a substitute.

NET WORTH STATEMENT		
as of December 31st of the most recent year		
	<u>Prior Year</u>	<u>Current Year</u>
Assets:		
Cash		
Loans Receivable		
Stocks, Bonds, and Debentures		
Pensions, IRAs, 401(k)s, Other Retirement Plans		
Business Investments		
Real Estate		
Other Assets		
Total Assets:	\$	\$
Liabilities:		
Loans Payable		
Taxes Payable		
Mortgages Payable		
Other Liabilities		
Total Liabilities:	\$	\$
Net Worth:		
{Total Assets minus Total Liabilities}:	\$	\$
Contingent Liabilities	\$	\$

*Provide the information in the aggregate for you, your spouse, and any dependent children.

- E. To the extent not previously reported since the qualifier's last disclosure or renewal statement, answer the following:

1. Has the qualifier's address changed? If Yes , submit information as Exhibit E1 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Has the qualifier, spouse, parent or child obtained equity interest of more than 5% in any business? If Yes , submit information as Exhibit E2 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Individual – Has the qualifier's marital status changed? If Yes , submit information as Exhibit E3 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Individual – Has the qualifier developed a substance abuse or gambling problem? If Yes , submit information as Exhibit E4 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Has the qualifier been charged with a criminal offense? If Yes , submit information as Exhibit E5 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Has the qualifier obtained any new licenses or had any permit, certification, or license (including driver license), denied, suspended, restricted, withdrawn, revoked or not renewed by any governmental entity? If Yes , submit information as Exhibit E6 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Has the qualifier filed for bankruptcy or been involved in any process to adjust, deter, suspend or otherwise work out payment of any debt? If Yes , submit a copy of the filing of bankruptcy and discharge as Exhibit E7 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Has the qualifier had any tax problems? If Yes , submit information as Exhibit E8 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Has the qualifier made any political contributions in the state of Michigan? If Yes , submit information as Exhibit E9 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Has the qualifier or any family member obtained a financial, ownership, right to ownership, or employment interest with any casino or supplier? If Yes , submit information as Exhibit E10 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Has the qualifier been party to any litigation? If Yes , submit information as Exhibit E11 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Has the qualifier had a complaint or other notice of pending disciplinary action from any jurisdiction or regulatory agency? If Yes , submit information as Exhibit E12 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. Has the qualifier disclosed all material events? If No , submit a detailed summary statement as Exhibit E13 .	<input type="checkbox"/> No <input type="checkbox"/> Yes
14. Since the submission of your last disclosure to the Board, has the qualifier filed all required Federal, State and local tax returns with the appropriate agencies for its/yourself or any business entity in which it/you have a financial or ownership interest? If No , submit a detailed summary statement as Exhibit E14 .	<input type="checkbox"/> No <input type="checkbox"/> Yes

- F. Submit as **Exhibit E15** a copy of your most recently filed Federal, State and local income tax returns.
☐ **Attached - Required for Qualifying Affiliated Company, Entity, or Individual**

Exhibit E16 & E17 are only required if this statement is being submitted for an Affiliated Company or Entity.

- G. Submit as **Exhibit E16** a copy of your most recent organization chart showing the corporate structure of the affiliated company or entity, and an organizational chart identifying all officers of the affiliated company or entity and all members of the board of directors. Include position descriptions and the names of persons holding such positions.
☐ **Attached - Required for Qualifying Affiliated Company or Entity**
- H. Submit as **Exhibit E17** a copy of your most recent flowchart illustrating the fully diluted ownership of the affiliated company or entity. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart.
☐ **Attached - Required for Qualifying Affiliated Company or Entity**

ATTACHMENT A
(Use BLACK ink ONLY)

ENTITY'S CONSENT TO RELEASE INFORMATION

*(Complete Attachment A if this document is being submitted for an Affiliated Company or Entity
Complete Attachment B if this document is being submitted for a Qualifying Individual)*

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

On behalf of

(NAME OF ENTITY)

I, _____
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Michigan Gaming Control Board, provided that he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Gaming Control and Revenue Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of _____, State of _____, on this _____ day of _____, _____.

Individual's Signature

Title

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence:

ATTACHMENT B
(Use BLACK ink ONLY)

**VOLUNTARY CONSENT TO RELEASE INFORMATION
MATERIALS AND DOCUMENTS**

*(Complete Attachment A if this document is being submitted for an Affiliated Company or Entity
Complete Attachment B if this document is being submitted for a Qualifying Individual)*

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

I, _____
(NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of _____, State of _____, on this _____ day of _____, _____.

Individual's Signature

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence:

ATTACHMENT C
(Use BLACK ink ONLY)

QUALIFIER VERIFICATION

(Everyone must complete Attachment C)

State of SS:

County of

I, , being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this statement of continued eligibility. I have full authority to execute this statement on behalf of the qualifier and otherwise bind the qualifier to the above.
2. I swear (or affirm) that the information contained in this statement form is true, complete and accurate to the best of my knowledge and belief.

Signature

Printed or Typed Signature

Title

Date

WITNESS, my hand and Notary Seal, this day of , of .

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence: